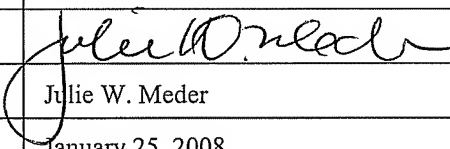
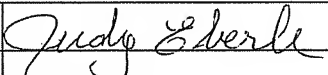


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/840,178
		Filing Date	5/6/2004
		First Named Inventor	Roy H. Hammerstedt
		Art Unit	1641
		Examiner Name	Christopher L. Chin
Total Number of Pages in This Submission	12	Attorney Docket Number	2034 - 044072

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Letter
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Remarks</div>		

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	The Webb Law Firm		
Signature			
Printed Name	Julie W. Meder		
Date	January 25, 2008	Reg. No.	36,216

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Judy Eberle	Date	January 25, 2008

TRANSMITTAL LETTER

MAIL STOP AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Application No.: 10/840,178 Filing Date: May 6, 2004
 Confirmation No.: 7502 Group Art Unit: 1641
 Examiner: Christopher L. Chin
 Invention: INTERROGATION OF CHANGES IN THE CONTENTS OF A SEALED CONTAINER

Transmitted herewith is an Amendment, Petition for Extension of Time, and Fee Transmittal in the above-identified application.

- ☒ Small Entity Status is/has been asserted for this application under 37 CFR 1.27.
☐ A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.
☐ No additional fee is required.
☐ The fee has been calculated as shown below:

	No. of Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity Rate	Non-Small Entity Rate	Charge
Total	<u>13</u>	<u>27</u>		x \$ 25.00	x \$ 50.00	\$
Indep.	<u>2</u>	<u>3</u>		x \$105.00	x \$210.00	\$
First Presentation of Multiple Dependent Claim/s				+ \$185.00	+ \$370.00	\$
TOTAL ADDITIONAL FEE						\$ <u>0</u>

- ☒ The following fee(s) is/are authorized to be charged by credit card:
 \$ _____ to cover the additional fee.
 \$ 60.00 for a one -month Petition for Extension of time.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650.
☒ Any additional filing fees required under 37 CFR 1.16.
☒ Any patent application processing fees under 37 CFR 1.17.

January 25, 2008
 Date

By Julie W. Meder
 Julie W. Meder
 Registration No. 36.216
 Attorney for Applicants
 436 Seventh Avenue
 700 Koppers Building
 Pittsburgh, PA 15219
 Telephone: (412) 471-8815
 Facsimile: (412) 471-4094
 E-mail: webblaw@webblaw.com

I hereby certify that this correspondence is being electronically submitted to the United States Patent and Trademark Office on the date below.

01/25/2008
 Date
Judy Eberle
 Signature
 Judy Eberle
 Typed Name of Person Signing Certificate

FEE TRANSMITTAL For FY 2008

Complete if Known

Application Number 10/840,178
Filing Date 5/6/2004
First Named Inventor Roy H. Hammerstedt
Examiner Name Christopher L. Chin
Art Unit 1641
Attorney Docket 2034 - 044072

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	75	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity
Fee (\$) Fee (\$)
50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims - 20 or HP Extra Claims Fee (\$) Fee Paid (\$)
13 - 27 = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims - 3 or HP Extra Claims Fee (\$) Fee Paid (\$)
2 - 3 = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

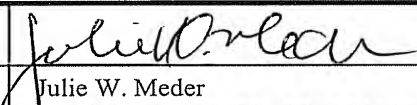
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time Fee

Fees Paid (\$)

\$60.00

SUBMITTED BY

Signature  Registration No. (Attorney/Agent) 36,216 Telephone 412-471-8815
Name (Print/Type) Julie W. Meder Date January 25, 2008